MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: **10584910**

Filing Date:

Applicant(s) **Axel Engels**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1						51							
2		1					52							
3		2					53							
4		(1)					54							
5		(1)					55							
6		(1)					56							
7		(1)					57							
8		(1)					58							
9		(1)					59							
10		(1)					60							
11	1						61							
12		1					62							
13		2					63							
14		(1)					64							
15		(1)					65							
16		(1)					66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2		0		0									
Total Depend	16	↵	0	↵	0	↵								
Total Claims	18		0		0									